Exhibit B

IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF DELAWARE

ORIGINAL

SMITH KLINE & FRENCH LABORATORIES, LIMITED and SMITHKLINE BEECHAM CORPORATION d/b/a GLAXOSMITHKLINE,	:	Civil Action
Plaintiffs,	:	No. 05-197
vs.	:	THIS TRANSCRIPT CONTAINS
TEVA PHARMACEUTICALS USA, INC.,	:	CONFIDENTIAL MATERIAL THAT IS SUBJECT TO PROTECTIVE
Defendant.	:	ORDER

Washington, D.C.

Thursday, May 25, 2006

Videotaped Deposition of CAROL A. HARVEY, PH.D., a witness herein, called for examination by counsel for Defendant in the above-entitled matter, pursuant to notice, the witness being duly sworn by KAREN YOUNG, a Notary Public in and for the District

A. Yes, I do.

Q. I understand it's a broad question, but can you give me your understanding of what ropinirole is?

A. Ropinirole is the generic name for a compound which we called SK&F 101468-A.

Q. 101468-A?

A. Yes.

Q. We'll probably spend some time on that today.

A. Okay.

Q. But can you tell me generally what your involvement, if any, was with respect to ropinirole or SK 101468-A?

A. I was the global project team leader for 101468 from late 1985 until some point in 1988.

Q. And do you have an understanding of -- SK 101468-A is a compound. Is that true?

A. That's correct.

Q. Do you have an understanding of what type of compound it is? Is there a name for that that you would use?

A. Yes.

Q. When was your first -- the best of your recollection, when was your first involvement with compound 101468-A?

A. When it transferred from development in Philadelphia to development in Welwyn.

Q. And you were in Welwyn?

A. I was in Welwyn.

Q. And do you recall approximately when that was?

A. It was in October 1985.

Q. Is it fair to say you had not heard of 101468-A prior to the transfer in October 1985?

A. I don't remember hearing of it before that.

Q. Do you know why it was transferred?

A. We were told there were insufficient resources to develop the product in Philadelphia and spare capacity in Welwyn.

Q. Who's the we? You said we were told. Who's the we?

A. The project team that took over

responsibility.

Q. And how did this project team come about? Do you know?

A. In terms of the actual formation of the team?

Q. Yeah.

A. I was appointed by the head of R and D at the Frythe. It was the name of the site in Welwyn. Individual team members were recommended by their respective department heads.

Q. Who was the head of the R and D at the Frythe?

A. Dr. Roger Brimblecombe.

Q. Brimble?

A. Combe.

Q. And he made you head of the project team?

A. He did.

Q. And the individual departments then provided representatives? Is that the case?

A. That's true, yeah.

Q. Do you recall approximately how big the project team was?

Q. Do you recall any specific instruction as to what you would do with the compound when you were made head of the project team at the Frythe?

A. Specific instructions in what regard?

Q. When the compound was transferred to you, it was a cardiovascular agent; isn't that correct?

A. That's correct.

Q. Were there any other indications of use that were being investigated?

A. Not at that time, no.

Q. Were your instructions when you received responsibility for the project to develop this as a cardiovascular agent?

A. Our assumption at the time was that we would continue to develop it for the indications that had been identified.

Q. And those were --

A. Hypertension and angina.

Q. Did there come a time that you investigated other indications for that compound?

A. Yes, there did.

Q. When was that?

A. That was in 1986-'87.

Q. How did that come about?

A. We discovered additional properties of the drug during the course of its evaluation.

Q. Can you describe those circumstances?

A. In pharmacology studies, looking at the cardiovascular effects of the drug, CNS effects were also seen.

Q. How did that happen?

MR. McELWAIN: Object to the form of the question. You can answer.

A. Yes, I'm not sure how to answer that.

Q. Okay. There were pharmacology studies for cardiovascular, correct?

A. Correct.

Q. And as a result of those pharmacology studies for cardiovascular, you somehow found central nervous system effects. Is that the case?

A. That's the case.

Q. What were the central nervous effects that you -- central nervous system effects that you found as a result of those pharmacological studies?

A. I did not observe the effects personally, but they were described to me as behavioral and motor effects.

Q. Who described them to you?

A. Initially they were described to me by Roger Eden.

Q. Did there come a time that somebody else described them to you?

A. They were subsequently described to me by David Owen.

Q. And anybody else?

A. Not that I recall.

Q. Who did the studies?

A. A technician in the pharmacology department at the time.

Q. Who's that?

A. I understand it was Annette Wright.

Q. What's the basis of your understanding?

A. I believe I was told that.

Q. By who?

A. During the course of the preparation.

Q. Your attorneys?

A. I'm sorry?

Q. Your attorneys.

A. Yes.

Q. What studies was Annette Wright doing as a technician that resulted in observation of CNS effects?

MR. McELWAIN: I'll object. These are really questions for your recollection.

THE WITNESS: Okay.

MR. McELWAIN: And if you have a recollection, give that, but you shouldn't in your answer reveal conversations between us.

THE WITNESS: Okay. My recollection is that she was looking at blood pressure effects in conscious rats.

BY MR. DONOVAN:

Q. And is your recollection based on your discussions with counsel in connection with preparing for this deposition?

A. No, it's not.

Q. Okay. And what is your recollection based on?

A. My recollection is based on the report of the behavioral effects to me by Roger Eden.

Q. Do you recall specifically what tests were being done for these blood pressure effects on conscious rats with any more specificity?

A. No, I don't.

Q. So people on the project team were conducting pharmacology studies for cardiovascular, including blood pressure effects in conscious rats, and as a result of those studies, they saw certain CNS effects? Is that the case?

A. That's the case.

Q. Anyone seen any CNS effects with respect to ropinirole prior to that time?

A. Not to my knowledge.

Q. And those tests were done by Ms. Wright, is that correct, based on your knowledge?

A. I understand that was the name of the technician, yes.

Q. And that was done at the direction of Dr. Eden? Is that the case?

A. That's the case.

Q. And that is based on a document that you saw, correct? Your understanding.

MR. McELWAIN: Object.

A. No, it's not my understanding.

Q. I'm looking for the basis of your understanding of these circumstances. Could you provide that for me please?

A. The basis would be my conversation with Mr. Eden.

Q. And was that at or around the time that these tests took place?

A. Were conducted, yes.

Q. And what did Mr. Eden say to you to the best of your recollection?

A. He told me that they had seen CNS effects at the same doses that they were looking at for cardiovascular effects.

Q. And these CNS effects were behavioral and motor effects?

A. Correct.

Q. Can you describe in any more specificity what these behavioral and motor effects would be?

A. No, I'm sorry, I don't recall.

Q. Do you know -- can you think of somewhere where this would be memorialized in a document?

A. I'm sure it's memorialized in many documents.

Q. Can you think of any off the top of your head where you would expect to find this?

A. The studies would have been written up and reported in PRA reports.

Q. What's a PRA report?

A. Yeah.

Q. What is a PRA report?

A. Oh, it's a report of studies that would have been useful in preparing for any kind of clinical or regulatory application.

Q. These are regular reports that were generated by your team; is that right?

A. Yes.

Q. And they're dated, correct?

A. They're dated.

Q. What happened next in connection with investigating potential other indications of use for

Q. Do you know if they were done concurrently, the in-house and external?

A. No, my recollection is that the in-house were done first.

Q. And was it a result of the in-house that there was a determination to go to the external investigators?

A. Yes.

Q. Who made that determination?

A. That was Dr. David Owen.

Q. And why did he do that?

A. He felt that the compound might have potential in other areas and should be more fully evaluated.

Q. Potential in what areas?

A. Specifically in Parkinson's disease.

Q. Why did he think that?

A. From his observations in the animals and his knowledge of the area.

Q. And what's your basis of that understanding?

A. My conversations with him.

budget is; is that correct?

A. I have no idea what the budget was, no.

Q. Got to ask. Okay. So there came a time that additional studies specifically related to Parkinson's were requested from Bradford, correct?

A. Correct.

Q. And did they do those studies?

A. They did.

Q. Do you know how long those studies took?

A. Approximately six months.

Q. Were there results from the studies?

A. There were results from the studies.

Q. Were the results memorialized?

A. I think it's reasonable to think that they were.

Q. Were the studies themselves memorialized in any fashion?

A. There should have been a report produced.

Q. Report from Bradford to --

A. A report from Bradford submitted to Smith Kline & French.

Q. What were the results?

A. I don't recall specifics.

Q. Do you recall anything general about the results?

A. They substantiated earlier studies and provided further confirmation of the potential utility of the drug.

Q. Potential utility of the drug for Parkinson's?

A. For Parkinson's.

Q. But it's fair to say that at least at the conclusion of this study, it was still not clear that 101468 would be -- would have utility as a drug for treating Parkinson's. Is that true?

MR. McELWAIN: Objection. You can answer if you --

THE WITNESS: I can answer?

MR. McELWAIN: Uh-huh.

THE WITNESS: At that stage of the development, I think that would be, you know, an extrapolation.

BY MR. DONOVAN:

Q. Didn't have enough information yet to make

in October of 1985?

A. Yes, that's correct.

Q. Or after that meeting then, work would have started at Welwyn.

A. Yes.

Q. But the first team meeting would have occurred in December, as memorialized in that document we saw a minute ago.

A. Yes.

Q. Dr. Harvey, let me show you what I've marked as -- for identification as Defendant's Exhibit 71.

A. Thank you.

Q. Dr. Harvey, do you recognize Defendant's Exhibit 71?

A. I recognize it as a report, yes.

Q. You'll see on the distribution on the first page of 71 that you were apparently provided a copy of this, correct?

A. Correct.

Q. And this is a report; is that right?

A. This is a report.

Q. And do you know what the report is about?

A. A preliminary investigation into the CNS penetrated by the 101468.

Q. And do you know who prepared this report?

A. It was prepared by Ann Lewis.

Q. And who's Ann Lewis?

A. She was the study director and she was in the department of drug metabolism and pharmacokinetics at the time.

Q. And was that at Welwyn?

A. That was at Welwyn.

Q. And do you know the date that this report was prepared?

A. I cannot tell that from -- I can tell when it was distributed.

Q. When was it distributed?

A. In March of 1986.

Q. And is that from Mr. Richardson's signature?

A. G. Richardson Jones, yes.

Q. Is it your understanding this report was prepared then as a result of work done at Welwyn?

A. At Welwyn, yes. That would be my understanding.

Q. And if we turn to the second page of Exhibit 71 --

A. Actually, may I correct something?

Q. Sure.

A. This is not a report.

Q. Okay.

A. This is a protocol.

Q. Okay.

A. So this is an intent to conduct a study, not the result of the actual study.

Q. So this is a -- Exhibit 71 is a protocol?

A. It's a protocol.

Q. And it was a protocol prepared by Dr. Ann Lewis, correct?

A. Correct.

Q. And the protocol is providing a study or a report or a study that Dr. Lewis would understand. Is that --

A. Yeah, it outlines the details of the study she is proposing to conduct, yes.

Q. Do you have a recollection of this study that she's --

A. Not specifically, no.

Q. And you would be copied here as a result of your participation as team leader? Is that the case?

A. That would typically be the case.

Q. And Dr. Lewis -- I'm sorry, she's in pharmacokinetics; is that right?

A. She would be in drug metabolism and pharmacokinetics, yes.

Q. And if we turn to the second page please of Exhibit 71, do you see an introduction?

A. I do.

Q. And it says, "SKF 101468 is currently under development at the Frythe as an orally active prejunctional dopaminergic D2 agonist which may be of value in the treatment of angina and hypertension in man." Do you see that?

A. I do.

Q. And then we go to the next sentence says, "Results from initial high-dose toxicity studies

suggest that the compound may have pronounced central effects." Do you see that?

A. I do.

Q. Do you know anything about those initial high-dose toxicity studies that are referenced here?

A. I don't specifically remember them.

Q. Do you know if those initial high-dose toxicity studies were done at Welwyn?

A. They may have been done at Welwyn. They may have been done in Philadelphia. I do not recall.

Q. Do you know who did those initial high-dose toxicity studies?

A. No, I'm afraid I don't.

Q. Does this refresh your recollection as to when your team first learned of the CNS effects from administration of 101468?

A. No, this does not alter my original comments.

Q. Why's that?

A. The results of a high-dose toxicity study would not necessarily be relevant in considering the

effects of a drug at more normal therapeutic doses.

Q. It goes on to say, "The purpose of the study outlined in this protocol is to investigate the CNS penetration of intravenously administered 101468 and related material at a steady state in a conscious male rat at a dose of two milligrams per kilogram," correct?

A. Correct.

Q. You would agree with me that at least at this point, your team would have the understanding that 101468 would penetrate the central nervous system, correct?

MR. McELWAIN: Objection.

A. The understanding would be that at excessively high doses, it might penetrate the central nervous system, yes.

Q. And in fact, is that what two milligrams per kilogram is, an excessively high dose?

A. I do not recall the dose range, but that would seem not to be an excessively high dose.

Q. But it's your understanding that the high-dose toxicity studies would be at an excessively